DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/07/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:			00	COMPL		
		15G238		LDING		01/15/	/2013	
			B. WIN	_	DDDDGG GUTY GTATE GID CORE			
NAME OF PROVIDER OR SUPPLIER					ADDRESS, CITY, STATE, ZIP CODE			
0004710 INIO				1803 RILEY RD				
OCCAZIO INC				NEW C	ASTLE, IN 47362			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES			ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	EFIX (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPR		COMPLETION	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE	
W0000								
		or a fundamental annual	W0	000				
	recertification as	nd state licensure survey.						
	Dates of Survey: January 8, 9, 10, 14							
	and 15, 2013							
	Facility number	: 000761						
	Provider numbe							
	AIM number:	100234630						
	7 Mivi Humber.	100237030						
	Curvoyor Voth	y Wannar Madical						
	1	y Wanner, Medical						
	Surveyor III.							
	TEL C 11	1 116 1						
		ederal deficiency also						
		inding in accordance with						
	460 IAC 9.							
	Quality Review	was completed on						
	_ · · · ·	Shebel, Medical Surveyor						
	III.	Silver, initiality Sai vey of						
	111.		I				1	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID:

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING 00		COMPL	COMPLETED	
		15G238	1	B. WING		01/15/	2013
			D. WIIV		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF PROVIDER OR SUPPLIER							
OCCAZIO INC			1803 RILEY RD NEW CASTLE, IN 47362				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID				(X5)
PREFIX		CY MUST BE PRECEDED BY FULL	PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE			COMPLETION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIATE		DATE
W0153	The facility must of mistreatment, rinjuries of unknow immediately to the officials in accord through establish. Based on record facility failed to incidents of peer resulted in injury clients (client #1 clients (client #6 Developmental I (BDDS) and to consider the office of the second se	review and interview, the immediately report 2 to peer aggression which for 1 of 4 sampled) and for 1 of 4 additional) to the Bureau of Disabilities Services other officials in State law through	W0	153	W 153 Staff Treatment of Clients The facility must ensure that a allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officia in accordance with State law through established procedure	e Ils	02/14/2013
	at 2:01 P.M. incl for the time period 1/8/13 and the G (GER) for the pareports indicated A GER dated 9/1 indicated client # from home to go discovered a "6 of by two centimeted #1's) upper right	were reviewed on 1/8/13 uding the BDDS reports od between 1/8/12 and eneral Event Reports ast six months. The			1. What corrective action will be accomplished? All incidents of peer to paggression will be reported to BDDS and other officials in accordance with State law through established procedure. All incidents of peer to paggression will be investigated the Residential Coordinator. The need to report and investigate all peer to peer incidents will be reviewed with Residential Coordinator by 2-14-13.	es. Jeer J by	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: KLJY11

Facility ID: 000761

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY					
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	R: A. BUILI		00	COMPLETED	
15G238			B. WING 01/15/2013			2013	
			D. WIIV		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF PROVIDER OR SUPPLIER							
OCCAZIO INC			1803 RILEY RD NEW CASTLE, IN 47362				
OCCAZIO	JING			INEVV C	ASTLE, IN 47302		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES			ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)				DATE	
	behavior." There was no investigative documentation available for review.						
				2. How will we identify other residents having the potential		er	
		DDS report available for				al	
	review for this incident.			to be affected by the			
					deficient practice and what		
	A GER dated 10/29/12 at 6:15 P.M. indicated client #6 "Was just dancing with				corrective action will be taken?		
					· All residents have the		
	some other clients at a Halloween party,				potential to be affected by the		
	while dancing, another client came up and pinched him (client #6) in the right arm." The GER indicated client #6 had a "2 cm x 2 cm (two centimeter by two centimeter) bruise on his right arm." There was no investigative documentation available for review. There was no BDDS report available for review for this incident.				same deficient practice.		
					· All incidents of peer to p	eer	
					aggression will be reported to		
					BDDS and other officials in		
					accordance with State law		
					through established procedure	es.	
					· All incidents of peer to p		
					aggression will be investigated	i by	
incident.					the Residential Coordinator.		
	The Qualified Mental Retardation Professional (QMRP) was interviewed on				The need to report and		
					The need to report and investigate all peer to peer		
					incidents will be reviewed with	the	
1/8/13 at 2:52 P.M The QMRP stated,		M The OMRP stated			Residential Coordinator by	uic	
	"No, these reports (GERs) were not				2-14-13.		
					2 14 10.		
reported to the state (BDDS)."		tate (BDDS)."					
	The Program Specialist (PS) was interviewed on 1/8/13 at 2:39 P.M The						
					1.What measures will be pu	ıt	
					into place or what systemic		
PS stated, "No (some providers) report all				changes will be made to			
	peer to peer aggressions, but with the change in the BDDS reporting guidelines				ensure that the deficient		
					practice does not recur?		
	we do not report	peer to peer aggression			· All incidents of peer to p	eer	
	unless there is a significant injury."				aggression will be reported to		
		icos arere is a significant injury.			BDDS and other officials in		
	9-3-2(a)				accordance with State law through established procedures.		

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	T OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G238	(X2) MULTIPLE CO A. BUILDING B. WING	00	(X3) DATE SURVEY COMPLETED 01/15/2013
NAME OF P	ROVIDER OR SUPPLIEF		1803 R	ADDRESS, CITY, STATE, ZIP CODE ILEY RD CASTLE, IN 47362	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE COMPLETION DATE
				All incidents of peer aggression will be investig the Residential Coordinate.	ated by
				The need to report a investigate all peer to peer incidents will be reviewed Residential Coordinator by 2-14-13.	- with the
				1.How will the correctiv action be monitored to er the deficient practice will recur?	nsure
				The RC will monitor regular basis daily when in home.	
				The Program Special monitor as she completes audits.	
				1.What is the date by w the systemic changes wil completed?	ll be
				· February 14 th , 201	3

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